

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	X					
2	X					
3	X					
4		X				
5		X				
6	X					
7		2				
8		6				
9	X					
10	X					
11		X				
12		X				
13		X				
14	X					
15	X					
16	X					
17		X				
18	X					
19		X				
20		X				
21		2				
22		2				
23	X					
24	X					
25	X					
26	X					
27		1				
28		2				
29		4				
30		4				
31		4				
32						
33						
34						
35						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	14					
TOTAL DEP.	35					
TOTAL CLAIMS	49					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						